								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									09751185					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TO	TAL CLAIMS		28		and an error		F	TATE	FEE	1	RATE	FEE		
FO	R .	·	NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 355.		OR	BASIC FEE	.710.00		
το	TAL CHARGEA	BLE CLAIMS	28 minus 20=		.8	3		X8 9=		OR	X\$18=	144		
IND	EPENDENT CL	AIMS	4 minus 3 =				X40=			OR	X80=	80		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+135=			OR	+270=			
* If the difference in column 1 is less than zero, enter "O" in column 2						T	TOTAL		OR	TOTAL	934			
CLAIMS AS AMENDED - PART II										•	OTHER	THAN		
سے	(Column 1) (Column 2) (Column 1) (Calins Highes)						S	SMALL ENTITY			SMALL	ENTITY		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	· B.6	Minus	-2	8	= 15	[]	(\$ 9=		OR	X\$18=	1		
A	Independent	. 2	Minus	***	4	-	7	(40=		OR	X80=	1		
RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		~	+270=			
en e								TOTAL	·	OR OR	YOTAL			
. :								ADDIT. FEE			ADDIT. FEE			
_		(Column 1)	1	(Colu	πη 2) (EST	(Column 3)	-		4551					
ENT 9		REMAINING AFTER AMENDMENT	•		BER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MENDMENT	Total	.26	Minus	- 6	28/	• /		\$ 9=		OR	X\$18=	1		
AM	Independent	NTATION OF M	Minus ••• IULTIPLE DEPENDEN		CLAIM	-/-	X40=			OR	X80=			
_	: 1						·	135=		OR	+270=			
								TOTAL XT. FEE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	REST REER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 28	Minus	• 6	28,	- /	×	\$ 9=	/	OR	X\$18=	1.55		
É	Independent	· A	Minus	•••	4	8	1	(40=	/		X80=			
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=	1	OR				
										OR	+270=			
=	"If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The Tilghest Num	riber Previously Pa	id For" (Total o	v Independ	fent) is the	highest number	r tound	in the ep	propriate box	x in co	lumn 1.			